

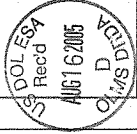
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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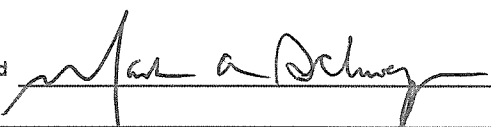
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8494</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Mark A Schweppe  P.O. Box, Bldg., Room No., if any Forrest Theatre  Street 1114 Walnut St.  City Philadelphia  State Pennsylvania ZIP Code + 4 19107	4. Name, file number, and address of labor organization.  Name ATPAM  Labor Organization File Number 049-343  P.O. Box, Building and Room Number, if any 700  Street 1560 Broadway  City New York  State New York ZIP Code + 4 10036-2501
5. Position in labor organization. Member, Board of Governors	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/12/2005 Date	215-923-1515 Telephone Number

Name of Person Filing Mark Schweppe	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Wicked, c/o 321 Theatrical Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 801</p> <p>Street 321 W 44th St</p> <p>City New York</p> <p>State New York ZIP Code + 4 10036</p>	<p>14.a. Nature of payment.</p> <p>4 Tony Voter Tickets</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$400</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Never Gonna Dance, c/o Nina Lannan Assoc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1450 Broadway

City New York

State New York ZIP Code + 4 10018

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Box From Oz, c/o Albert Poland

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 311 W. 43rd St

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Twentieth Century, c/o Roundabout Theatre Co

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 227 W 42nd St

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Fiddler on the Roof, c/o 101 Productions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1450 Broadway

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wonderful Town, c/o Barry & Fran Weissler

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 165 W 46th St

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

4 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Assassins, c/o Roundabout Theatre Co

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 227 W 42nd St

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Bombay Dreams, c/o Charlotte Wilcox Co

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1560 Broadway

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Caroline or Change, c/o Stuart Thompson Prd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1501 Broadway

City New York

State New York ZIP Code + 4 10036

14.a. Nature of payment.

2 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Frogs, c/o Lincoln Center Theatre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 150 W 65 St

City New York

State New York ZIP Code + 4 10023

14.a. Nature of payment.

1 Tony Voter Tickets

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$100